

PTO/SB/22 (10-04)

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**  
**FY 2005**  
(fees effective on or after October 1, 2004)Docket Number (Optional)  
29476/14657B

Application Number 10/603,368-Conf. #2790

Filed June 25, 2003

For MICROLITHOGRAPHY REDUCTION OBJECTIVE AND PROJECTION EXPOSURE APPARATUS

Art Unit 2872 Examiner M. Y. Sikder

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number \_\_\_\_\_  
 attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 47,970

Signature

December 10, 2004

Date

Paul B. Stephens  
Typed or printed name

(312) 474-6300

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

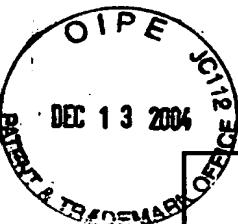
Dated: December 10, 2004

Signature:

Paul B. Stephens

12/16/2004 00000066 10603368 120.00 OP

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USE IN LIEU OF PTO/SB/17 (11-04)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

# FEE TRANSMITTAL For FY 2005

(Reflects USPTO filing fees in effect from 12/\_\_\_/04)

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 120.00)

## Complete if Known

Application Number	10/603,368-Conf. #2790
Filing Date	June 25, 2003
First Named Inventor	Udo Dinger
Examiner Name	M. Y. Sikder
Art Unit	2872

Attorney Docket No. 29476/14657B

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  
 Deposit Account  None

Deposit Account Number	13-2855
Deposit Account Name	MARSHALL, GERSTEIN & BORUN LLP

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

Other (please identify): \_\_\_\_\_

## FEE CALCULATION (continued)

### 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	- =	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

Indep. Claims	- =	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

### Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
_____	_____

**Subtotal (2)** \$ 0.00

### 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	120.00
2-month extension of time	450	225	_____
3-month extension of time	1020	510	_____
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	_____
Filing a brief in support of appeal	500	250	_____
Request for oral hearing	1,000	500	_____

Other:

**Subtotal (3)** \$ 120.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,970	Telephone	(312) 474-6300
Name (Print/Type)	Paul B. Stephens			Date	December 10, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 10, 2004

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Paul B. Stephens